REG	IPLOYEE NAME FACILITY NAME CRUITER NAME WEEK OF	Mer. SARA) 08/0	H'Richa 6123	VA City -450N - 08/12		L	Time day Time auth	se note exceptions in commi- is calculated by in/out times ocumented lunch breaks will unless noted (no lunch), isheets NEED to be signed by or ked manager at the facility in any time missed.	s. Round to n be deducted y employee A	@ ½ hour per	
DAY	DATE (MM/DD/YY)	TIME - IN	Lunch-OUT			AE-OUT TO	TAL HOURS	Reason for Short Hou	rs:	Con	nments:
SUN	08/06/23	04:00	/		heck if 10 Lunch	9 00	12 00	Cancelled 50	k rsonal		
MON	08/07/23	09:00	14 30		heck if 2	33	2'00	Cancelled Sk	k		
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DAY			TIME - OUT	ON-CALL HOURS			CALL DA	K Call-Back Possess	MILEAG	DATE (MM/DD/YY)	MREAGE
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MERCY Timecards without employee & supervisor signatures will not be accepted. - All timecards must be faxed to agencies by Monday, 4:00pm IO W A CITY

ATTENTION TRAVELERS

Employee Name: Week Ending:	Chr	stin	a Premier
Week Ending:	08	05	2023
Agency Name:	Uni	Sme	3
	CIAL	LIFE	

	Pept/Unit	Day	Date	Time In	Time Out	Break	Time In	Time Out	Hours	Comments
1	Jept Onit	Sun	Date	AM PM	AM PM	121 1 1	AM PM	AM PM		
				now next	AM PM		AMPM	AMPM	-	DAY OFF - crass
	and the same	Mon	1131	AM PM	AM PM		AM PM	AM PM	_	III E VID (called in) + +>+. No
	-	Tues	apla	- AN PM	AM PO	05	AM PM	AM PM	3.25	Notwich 1/t Laphr.
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		Fri	08/04	OLOHEDPM	1700 AM PM AM PM		AM PM	AM PM		
		Sat		AM PM	AM PM		7,			

			-		On Call Time Out	OC Total	Call Back Time In	Call Back Time Out	CB Total	Call Back Reason
	Dept/Unit	Day	Date	Circuit	On Call Time Out	13.0	AM PM	AM PM		
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ı	100000000000000000000000000000000000000	Fri		AM PM	AM PM	1111	AM PM	AM PM		
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Employee Signature: 8-4-2023 icle RD CDC

ATTENTION VENDORS: All timecards are due to Medefis by midnight each Tuesday. Timecards must be e-mailed to timecards@medefis.com or taxed to &88-407-6060. Mercy Hospital, IC pays for services rendered by your Staff based upon the actual hours worked by your Staff and not your invoice, in the event that your Staff was directed by Mercy Hospital, IC to work fewer hours than guaranteed (if any guaranteel), your Staff must identify that fact in the comments of this timecard and have the manager acknowledge the same in writing. Failure to do so will result in a forfeiture of those hours. Timecards that are not compliant (eg: missing Staff and/or manager's signatures; incomplete involutiones; incomplete on incorrectly totaled hours; illegible building names and/or missing dates) will be REJECTED. It is the Agnecy's responsibility to correct and resubmit its Staff's timecard for processing, it is not responsible to the staff's hours worked, which are reported each week in the Medefis system. In the event that there is a discrepancy in the weekly hours also the Agnecy's responsibility to crack their Staff's hours worked, which are reported each week in the Medefis system. In the event that there is a discrepancy in the weekly hours recorded by Medefis, the Agnecy MUST IMMEDIATELY NOTIFY MEDEFIS IN WRITING to avoid delay or refusal by Mercy Hospital, IC to pay for services rendered. Furthermore, Medefis is NOT responsible for timecards that have not been recorded/processed or for hours worked that have not been reported through the Medefis system. Time recorded as 6:05 and 6:08 is recorded as 6:00 and 6:08 is recorded as

EM F	IPLOYEE NAME FACILITY NAME CRUITER NAME WEEK OF	TERRY MER SAR 07/3	30/23 -	NER WA Chard	ity H SON 5/23	OSPI	i+A1	2. Plea 3. Time 4. Und days 5. Time auth	se list ALL in/out times so worked. se note exceptions in co- is calculated by in/out ocumented lunch break unless noted (no lunch) sheets NEED to be sign or zed manager at the fi in any time missed.	omments. times. Round t s will be deduct	o nearest 15 min. ted @ ½ hour per	med part
DAY	DATE (MM/DO/M)	TIME - IN	Lunch-OUT	Lunch-IN	NO Lunch	TIME	E-OUT TOT	AL HOURS	Reason for Short	Hours:	Co	mments:
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WED		1			Check If NO Lunch				Cancelled [Sick		
THUR	alut			1	Check If NO Lunch				Cancelled [Personal Sick		
FRI	08/04/2	19:00	/		Check if NO Lunch				1.	Personal Sick		
					NO LUNCO							
SAT	08/05/23 IF GUARANTEED	HOURS ARE	NOT MET:]	Oheck if NO Lunch			2'50	Volunteered to Leave Canc died	Personal Sick Personal		
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ALL H			NOT MET:	ON-CALL HOURS	Oral Hou	-Back	WEEK:	a:50 665	Valunteered to Leave Jeon died Volunteered to Leave Volunteered to Leave	Jesonoi MILEA	GE: DATE	MILEAGE
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		M				***ATTENT	ON TRAVE	ELERS***
	1	17			A CITY	Timecards withous signatures will not must be faxed to a	be accepte	d - Al Illiaconna
	I	Dept/Unit	Day	Date	Time In	Time Out	Break	Time in
.6	fo		Sun		AM PM	AN PM		AM PM
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×.	gular		#Wed	724	CALL-IN PM	1509AN PU		AM PM
-	Ba	To Co.	Thurs	רבוד	THE RESERVE	1554 AM PM	0	AV PM
	Œ		Fri	7/28	MORN HOUSE	(1030AMOD)		AM PM
			Sat	- 3	AM PM	AM PM		AM PM
				3				
1		Dept.Unit	Day	Date	On Call Time In	On Call Time Out	OC Total	Call Back Time In
		Department	Sun	7/23	3700 (D)PM	ISO MED	18	AM PV

Employee Name: Week Ending:	Heller
Agency Name:	Linin

AMPM AM PM AM PM AM PM Call Back Reason Total Call Back Time In Call Back Time Out CB Total AM PM AM PM AM PN AM PM AM PM AM PM AM PM Hour AM PM AM PU AM PM AM PM AMED CLOOMPH 13.5 AM PM

Wes 7/24 1630 AV PM AMPS 0600MPN 13.5 Call AMPM 1704 AMED 35-44 Thurs 7/27 1630 MPH 070009M 4.5 168 FH 708 163 Sat

Employee Signature:

Hours

Time Out

AM PU

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AM PM

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Marciakirkpatrickh Manager Signature:

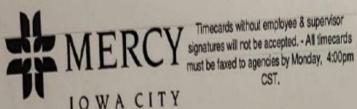
7-28-2023

ATTENTION VENDORS: All timecands are due to Medelis by midnight each Tuesday. The cards must be e-mailed to timecards@nedelis.com or faxed to 888-401-5060. Mercy ATTENTION VENDORS: As emecans are que to weekers by microgramment recomply to your Staff and not your invoice, in the event that your Staff was directed by Mercy Hospital, I/C pays for services rendered by your Staff based upon the actual hours worked by your Staff and not your invoice, in the event that your Staff was directed by Mercy Hospital, I/C pays for services rendered by your Staff based upon the actual hours worked by your Staff and not your invoice, in the event that your Staff was directed by Mercy Hospital, I/C pays for services rendered by your Staff based upon the actual hours worked by your Staff and not your invoice, in the event that your Staff was directed by Mercy Hospital, I/C pays for services rendered by your Staff based upon the actual hours worked by your Staff and not your invoice, in the event that your Staff was directed by Mercy Hospital, I/C pays for services rendered by your Staff based upon the actual hours worked by your Staff and not your invoice, in the event that your Staff was directed by Mercy Hospital, I/C pays for services rendered by your Staff based upon the actual hours worked by your Staff and not your invoice. Hospital, IC pays for services rendered by your start based upon the actual nouns manager of the comments of this timecard and have the manager acknowledge the same in writing.

IC to work fewer hours than guaranteed (if any guarantee), your Staff must identify that fact in the comments of this timecard and have the manager acknowledge the same in writing. IC to work fewer hours than guaranteed (if any guarantee), your start must complete the same in which the same in which the same in the sa Failure to do so will result in a forfeiture of those hours. Timecards that are not complete (e.g. missing start and/or manager's signatures; incomplete involut times; incomplete or Failure to do so will result in a forfeiture of those hours. Timecards that are not complete, it is the Agnacy's responsibility to correct and resultmin its Staff's imecard for processing, it is incorrectly totale EXPLIPION by to LANDESPICION will be REJECTED. It is the Agnacy's responsibility to correct and resultmin its Staff's imecard for processing, it is incorrectly totale EXPLIPION by to LANDESPICION will be reported each week in the Medeis system. In the event that there is a discrepancy in the weekly hours incorrectly totale EXPLIPION by to LANDESPICION will be reported each week in the Medeis system. In the event that there is a discrepancy in the weekly hours incorrectly totale EXPLIPION by to LANDESPICION will be reported each week in the Agnacy's responsibility to correct and resultmin its each that there is a discrepancy in the weekly hours incorrectly totale EXPLIPION by to LANDESPICION will be reported. Furthermore, and the Medeis system. The recorded as for any land that the Medeis system. The recording / Breaks is recorded by Medelfs, the Agnacy in the weekly hours incorrectly totale EXPLIPION by the Medeis is not responsible for immediate have not been received by the 7th minute. (For example, 6.07 is recorded as 6.00 and 6.08 is recorded as 6.15. If a break is Medeis is NOT responsible for immediate that have not been received by the 7th minute. (For example, 6.07 is recorded as 6.00 and 6.08 is recorded as 6.15. If a break is Medefis is NOT responsible for immocards that have not been received processed of the minute. (For example, 6.07 is recorded as 6.00 and 6.08 is recorded as 6.15. If a break is overtime: Hours worked shall be rounded to the nearest quarter of an hour by the 7th minute. (For example, 6.07 is recorded as 6.00 and 6.08 is recorded as 6.15. If a break is overtime: Hours worked shall be rounded to the nearest quarter of an hour by the 7th minute. (For example, 6.07 is recorded as 6.00 and 6.08 is recorded as 6.15. If a break is overtime: Hours worked shall be rounded to the nearest quarter of an hour by the 7th minute. Overtime: Hours worked shall be rounded to the nearest quarter of an hour by the rounded to the nearest quarter of an hour by the rounded to be present in the Marcy Hospital, IC location for an 8.5 hour day, less a recorded as 24 minutes, it is rounded to .5 hours.) Unless otherwise agreed to in writing, your Staff is expected to be present in the Marcy Hospital, IC location for an 8.5 hour day, less a recorded as 24 minutes, it is rounded to .5 hours.) Unless otherwise agreed to in writing, your Staff is expected to be present in the Marcy Hospital, IC location for an 8.5 hour day, less a recorded as 24 minutes. recorded as 24 minutes, it is rounded to .5 hours.) Unless otherwise agreed to 11 warming to 32 minutes approve any overtime by initiating the overtime hours listed on this 33 minute unpaid meal break, or any other breaks as required by law. The Mercy Hospital IC Program Manager must approve any overtime by initiating the overtime hours listed on this 33 minute unpaid meal break, or any other breaks as required by law. The Mercy Hospital IC Program Manager must approve any overtime by initiating the overtime hours listed on this timecard. If you have any questions on this process, please contact Vedelis at 866-711-6333.

TIMESHEET - DUE SUNDAY BY NOON CST INSTRUCTIONS/GUIDELINES: Email: timecards@unitimed.com & cc: your Recruiter 1. Please list ALL in/out times and lunch minutes, not just tota hours worked. 2. Please note exceptions in comments. EMPLOYEE NAME: TERRY GARDNER 3. Time is calculated by in/out times. Round to nearest 15 min. FACILITY NAME: MERCY TOWA City HOSPITAL 4. Undocumented lunch breaks will be deducted @ % hour per RECRUITER NAME: SARAH Richardson day unless noted (no lunch). WEEKOF: 07/23/23 - 07/29/23 5. Time sheets NEED to be signed by employee AND an authorized manager at the facility in order to be paid. REGULAR HOURS *Please complete ALL in/out times and TOTAL 6. Explain any time missed. DATE DAY TIME - IN Lunch-OUT Lunch - IN Reason for Short Hours: (MM/DD/YY) NO Lunch TIME - OUT TOTAL HOURS Comments: CHECK ONE SUN Oheck II NO Lunch 19:00 MON Sick Persona Cancelled Check I TUE Skk Check if Sick WED NO Lunch Check II THUR Concelled Skk NO Lunch Check if Concelled. 13R NO Lunch Check If Concelled 7 Sck 07:00 NO Lunch EXPLAIN IF GUARANTEED HOURS ARE NOT MET: TOTAL HOURS FOR WEEK: CALL HOURS: On-Call Call-Back [com OMY be to Red back if on-cost) "Otherwise extre shift MILEAGE: DATE ON-CALL CALL-BACK DAY TIME-IN TIME - OUT TIME - IN TIME - OUT DATE Call-Back Reason: DAY MILEAGE (MIM/DO/YY) HOURS HOURS [MM/DO/YY] SUN SUN MON MON TUE TUE WED WED THUR THUR 1878-1 Filed 04/21/25 Entered 04/21/25 14:12:04 Exhibit A - Timecards Page 5 of 17 Case 23-00623 Doc 1878-1 Filed 04/21/25 Desc SAT SAT TOTAL CALL-BACK HOURS: TOTAL ON-CALL HOURS: TOTAL MILEAGE: Employee Signature: Very Wardness Authorized Facility Signature: By my signature above, I hereby certify the hours above are correct and a placeted for billing and will pay according to the By my signature above, i hereby certify the yours above are correct and worked by me and i have no academs or my unless to report. Manapresentation may make myself leading to the maximum persons allowed by law hours listed above. Any discrepancies are listed above. For live to comply may make the chem facility loade to the maximum mentile official by law

ATTENTION TRAVELERS



Employee Name:	Ch	ren	ina	Br	ence
Week Ending:	7	122	130	23	
Agency Name:					

de a serie				Time Out	Break	Time in	Time Out	Hours	Comments
Dept/Unit	Day	Date	Time In		Dices	AM PM	AM PM		
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	Wed		AM PM	AM PM	-				
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Doublibit	Day	Date	On Call Time In	On Call Time Out	OC Total	Call Back Time In	Call Back Time Out	CB Total	Call Back Reason
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0	Mon	רווד	1400 AM PM	OLOO OM PM	14	AM PM	AM PM		
	Tues	7/18	LUCO AMPM	OLCOM PM	15	AM PM	AM PM		
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	Sat	7 22	ISOD ANEM	OTO AM PM	7	AM PM	AM PM		

Employee Signature:	Christina Brune	7/a2/23
Manager Signature:	Marciakirkpatric	

Case 23/300623//2 ID30/1878-19 pl Fried 04/21/25 an Enterred 04/21/25 14:12:04-up Pesson at Jan Ass quested by Merch Hosbig Water Limegrafia and process of the control of IC to work fewer hours than guaranteed (if any guarantee), your Staff must identify that fact in the comments of this timecard and have the manager acknowledge the same in writing. Failure to do so will result in a forfeiture of those hours. Timecards that are not compliant (eg: missing Staff and/or manager's signatures; incomplete involutitimes; incomplete or incorrectly totaled hours; illegible building names and/or missing dates) will be REJECTED. It is the Agrecy's responsibility to correct and resubmit its Staff's timecard for processing. It is also the Agency's responsibility to track their Staff's hours worked, which are reported each week in the Medells system. In the event that there is a discrepancy in the weekly hours recorded by Medelis, the Agnecy MUST IMMEDIATELY NOTIFY MEDEFIS IN WRITING to avoid delay or refusal by Mercy Hospita, IC to pay for services rendered. Furthermore, Medefis is NOT responsible for timecards that have not been received processed or for hours worked that have not been reported through the Medefis system. Time recording / Breaks / Overtime: Hours worked shall be rounded to the nearest quarter of an hour by the 7th minute. (For example, 6:07 is recorded as 6:00 and 6:08 is recorded as 6:15. If a break is recorded as 24 minutes, it is rounded to .5 hours.) Unless otherwise agreed to in writing, your Staff is expected to be present in the Mercy Hospital, IC location for an 8.5 hour day, less a 30 minute unpaid meal break, or any other breaks as required by law. The Mercy Hospital, IC Program Manager must approve any overtime by initialing the overtime hours listed on this

TIMESHEET - DUE SUNDAY BY NOON CST INSTRUCTIONS/GUIDELINES: Email: timecards@unitimed.com & cc: your Recruiter 1. Please list ALL in/out times and lunch minutes, not just tota hours worked. 2. Please note exceptions in comments. EMPLOYEE NAME: TERRY 3. Time is calculated by in/out times. Round to nearest 15 min. FACILITY NAME: 4. Undocumented lunch breaks will be deducted @ ½ hour per RECRUITER NAME: SARAH Richardson day unless noted (no lunch). WEEK OF: 07/16/23 - 07/22/23 5. Timesheets NEED to be signed by employee AND an authorized manager at the facility in order to be paid. REGULAR HOURS *Please complete ALL in/out times and TOTAL. 6. Explain any time missed. DATE DAY Reason for Short Hours: Lunch-OUT Lunch - IN NO Lunch TIME - OUT TOTAL HOURS (MM/DD/YY) Comments: CHECK ONE SUN Sick Personal MON Check If 09:00 14:30 15:00 NOLunch NO Lunch TUE Sick Check if WED Sick NO Lunch Check if THUR NO Lunch Check if Concelled NO Lunch Volunteered to Leave Concelled Sch Check If 07/33/23 07.80 EXPLAIN IF GUARANTEED HOURS ARE NOT MET: TOTAL HOURS FOR WEEK: CALL HOURS: On-Call Call-Back (con OMY be called back if on-call) "Otherwise extra shift. MILEAGE: ON-CALL DATE DATE TIME - IN TIME - IN TIME - OUT TIME - OUT Call-Back Reason: DAY MILEAGE (MM/DD/YY) HOURS HOURS (MM/DD/YY) SUN SUN MON MON TUE Doc 1878-1 Filed 04/21/25 Entered 04/21/25 14:12:04 Exhibit A - Timecards Page 7 of 17 WED Case 23-00623 THUR THUR FRI FRI SAT SAT TOTAL CALL-BACK HOURS: TOTAL MILEAGE: Employee Signature: Levey Flordner

	1	1	MI	ERC	CY	Timecards will a	thout empl	AVELERS*** Dyce & supervisor oted, - All timecards by Monday, 4:00pm	Employee Week E Agency	Name: Name: 1	Ani h INZ
_	_		1	Time In		Time Out	-				Comments
Samuel Mours	Dept/Unit	Day	Date		M PM	AM PM	Break	Time to	Time Out	Hours	
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	XX 50	Mon	7/10	Character of the last	MPM	AM PM		AM PM	AM PM		DAY OFF
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-		Day Sun	Date		PM	On Call Time Out AM PM	OC Total	Call Back Time In AM PM	Call Back Time Out AM PM	CB Total	Call Back Reason
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work	fewer ho	ours that result is	n guarant n a forfeit	leed (if any guar ure of those ho	rantee),	your Staff must ide	entify that fa	of by your Staff and not act in the comments of	t your invoice. In the in this timecard and ha	event that y	com or faxed to 888-401-8060. Mercy our Staff was directed by Mercy Hospital, hager acknowledge the same in writing, hiplete in/out times; incomplete or
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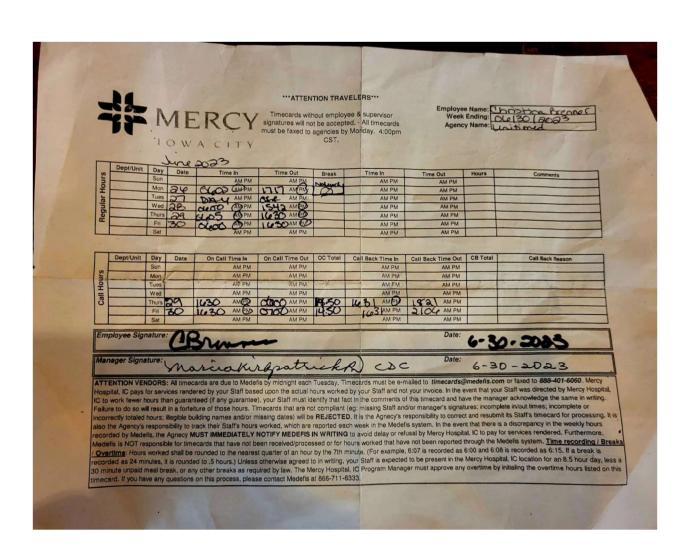
Case 23-00623 Doc 1878-1 Filed 04/21/25 Entered 04/21/25 14:12:04 Desc Exhibit A - Timecards Page 9 of 17

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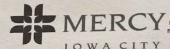
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ATTENTION TRAVELERS



MERCY Timecards without employee & supervisor signatures will not be accepted. - All timecards must be faxed to agencies by Monday, 4:00pm CST.

Employee Name: Christina Paterne Week Ending: 6-24-2023

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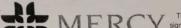
Employee Signature:

eleR) CDC marciakirkpoth

6-24-2023

ATTENTION VENDORS: All timecards are due to Medefis by midnight each Tuesday. Timecards must be e-mailed to timecards@medefis.com or faxed to 888-401-9060. Mercy Hospital, IC pays for services rendered by your Staff based upon the actual hours worked by your Staff and not your invoice. In the event that your Staff was directed by Mercy Hospital, IC to work fewer hours than guaranteed (if any guarantee), your Staff must identify that fact in the comments of this timecard and have the manager acknowledge the same in writing. IC to work fewer hours than guaranteed (if any guarantee), your Staff must identify that fact in the comments of this timecard and have the manager acknowledge the same in writing. Incorrectly totaled hours; illegible building names and/or missing dates) will be REJECTED. It is the Agnecy's responsibility to correct and resubmit its Staff's timecard for processing. It is incorrectly totaled hours; illegible building names and/or missing dates) will be REJECTED. It is the Agnecy's responsibility to correct and resubmit its Staff's timecard for processing. It is a discrepancy in the weekly hours also the Agency's responsibility to track their Staff's hours worked, which are reported each week in the Medefis system. In the event that there is a discrepancy in the weekly hours also the Agency MuST IMMEDIATELY NOTIFY MEDIFIS IN WRITING to avoid delay or refusal by Mercy Hospital, IC to pay for services rendered. Furthermore, recorded by Medefis, the Agnecy MuST IMMEDIATELY NOTIFY MEDIFIS IN WRITING to avoid delay or refusal by Mercy Hospital, IC to pay for services rendered. Furthermore, recorded by Medefis is NOT responsible for timecards that have not been received/processed or for hours worked that have not been reported through the Medefis system. Time recording / Breaks / Overtime: Hours worked shall be rounded to the nearest quarter of an hour by the 7th minute. (For example, 6:07 is recorded as 6:16. If a treak is / Overtime: Hours worked shall be rounded to the nearest quarter of an hour b

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ATTENTION TRAVELERS

Timecards without employee & supervisor signatures will not be accepted. - All timecards must be faxed to agencies by Monday. 4:00pm CST.

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Employee Signature: Date: 6-16-2023

Manager Signature: Date: 6-16-2023

ATTENTION VENDORS: All timecards are due to Medelis by midnight each Tuesday. Timecards must be e-mailed to *timecards@medelis.com* or faxed to *88-401-6060*. Mercy Hospital, IC pays for services rendered by your Staff based upon the actual hours worked by your Staff and not your invoice. In the event that your Staff was directed by Mercy Hospital, IC to work fewer hours than guaranteed (if any guarantee), your Staff must identify that fact in the comments of this timecard and have the manager acknowledge the same in writing. Failure to do so will result in a forfeiture of those hours. Timecards that are not compliant (eg; missing Staff and/or manager's signatures; incomplete invoir times; incomplete or incorrectly totaled hours; lilegible building names and/or missing dates) will be REJECTED. It is the Agnecy's responsibility to correct and resubmit its Staff's timecard for processing, It is also the Agency's responsibility to track their Staff's hours worked, which are reported each week in the Medelis system. In the event that there is a discrepancy in the weekly hours recorded by Medelis, the Agnecy MUST IMMEDIATELY NOTIFY MEDER'S IN WRITING to avoid delay or refusal by Mercy Hospital, IC to pay for services rendered. Furthermore.

**Medelis is NOT responsible for timecards that have not been received/processed or for hours worked that have not been reported through the Medelis system. Time recording / Breaks / Overtime; Hours worked shall be rounded to the nearest quarter of an hour by the 7th minute. (For example, 6:07) is recorded as 6:00 and 6:08 is recorded as 6:15. It a break is a 30 minute unique and meal break, or any other breaks as required by law. The Mercy Hospital, IC Program Manager must approve any overtime by initialing the overtime hours listed on this timecard. If you have any questions on this process, please contact Medelis at 866-711-6333.

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